

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2010 DEC -6 PM 12: 09
FEC MAIL CENTER

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Teresa Ciambotti

First Commonwealth Financial Corp PAC

ADDRESS (number and street)

P.O. Box 400 22 North Sixth Street



Check if different
than previously
reported. (ACC)

Indiana PA 15701-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00348185

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the
State of

State

(d) 30-Day
POST-Election
Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the
State of

State

5. Covering Period

10 / 01 / 2010

through

11 / 22 / 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Teresa Ciambotti

Signature of Treasurer

Teresa Ciambotti

Date

12 / 01 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

First Commonwealth Financial Corp PAC

Report Covering the Period:

From:

10 / 01 / 2010

To:

11 / 22 / 2010

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1,

2010

137202

- (b) Cash on Hand at
Beginning of Reporting Period.....

544562

- (c) Total Receipts (from Line 19)

79750

687110

- (d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

624312

824312

7. Total Disbursements (from Line 31)

600000

800000

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

24312

24312

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

000

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

000



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

First Commonwealth Financial Corp PAC

Report Covering the Period:

From:

10 ' *01* ' *2010*

To:

11 ' *22* ' *2010*

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

68000

313000

(ii) Unitemized.....

11750

374110

(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

79750

687110

(b) Political Party Committees.....

000

000

(c) Other Political Committees
(such as PACs).....

000

000

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

79750

687110

12. Transfers From Affiliated/Other
Party Committees.....

000

000

13. All Loans Received.....

000

000

14. Loan Repayments Received.....

000

000

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

000

000

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

000

000

17. Other Federal Receipts
(Dividends, Interest, etc.).....

000

000

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

000

000

(b) Levin Funds (from Schedule H5).....

000

000

(c) Total Transfers (add 18(a) and 18(b))..

000

000

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

79750

687110

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

79750

687110

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share

000

000

- (ii) Non-Federal Share.....

000

000

- (b) Other Federal Operating Expenditures

000

000

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

000

000

22. Transfers to Affiliated/Other Party Committees.....

000

000

23. Contributions to Federal Candidates/Committees and Other Political Committees.....

100000

100000

24. Independent Expenditures (use Schedule E)

000

000

25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....

000

000

26. Loan Repayments Made.....

000

000

27. Loans Made.....

000

000

28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees

000

000

- (b) Political Party Committees

000

000

- (c) Other Political Committees (such as PACs).....

000

000

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

000

000

29. Other Disbursements

500000

700000

30. Federal Election Activity (2 U.S.C. §431(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share

000

000

- (ii) "Levin" Share.....

000

000

- (b) Federal Election Activity Paid Entirely With Federal Funds

000

000

- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....

000

000

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

600000

800000

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

600000

800000

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b)) ▶
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36) ▶

79750
000
79750
000
000
000

687110
000
687110
000
000
000

10030511324

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **10** OF **10**

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A. **Latimer, Luke A**

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

R+L Development

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. **Fairman, Beverly A**

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. **Answine, Emmanuel J**

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

Amount of Each Receipt this Period

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A. Dahlman, Dares.

Mailing Address

P.O. Box 400

City Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tomb, David R. Jr.

Mailing Address

P.O. Box 400

City Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Price, Thomas M

Mailing Address

P.O. Box 400

City Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 10
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A. Bonner, William J

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCB

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22500

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

3750

(10-15-10 to 11-15-10)

Full Name (Last, First, Middle Initial)

B. Lombardi, Len

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCFC

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22500

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

3750

(10-15-10 to 11-15-10)

Full Name (Last, First, Middle Initial)

C. Smith, Steven M

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing federal political committee.

C

Name of Employer

FCFC

Occupation

Senior Vice President - Facilities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21000

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

3000

(10-15-10 to 11-15-10)

SUBTOTAL of Receipts This Page (optional).....▶

10500

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **9** OF **10**
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A. **Dolan, John J**

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

FCFC

Occupation

President / CEO

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

575.00

check for 500.- 10-29-10
Dir. Dep. 10-14-10 to 11-12-10
for 75.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

575.00

680.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A.

Mark Critz for Congress

Mailing Address

647 Main St. Suite 110

City

Johnstown

State

PA

Zip Code

15901

Purpose of Disbursement

Contribution

Candidate Name

☐

Category/
Type

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

PBAPAC

Mailing Address

3897 North Front Street P.O. Box 345

City

Harrisburg

State

PA

Zip Code

17108

Purpose of Disbursement

Annual Contribution

Candidate Name

☐

Category/
Type

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

5000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

☐

Category/
Type

Date of Disbursement

MM / DD /

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:


SUBTOTAL of Disbursements This Page (optional).....

6000.00

TOTAL This Period (last page this line number only).....

6000.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 12/1/10
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	12/6/10
PREPARER	DATE PREPARED